

OFFICE OF STATE UNIFORM PAYROLL  
LAGOV AP AGENCY CHECKS PULLED AUTHORIZATION FORM

Date: \_\_\_\_\_  
(Effective Date of Authorization)

Personnel Area(s): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
(mailing)

Authorized By: \_\_\_\_\_  
(Undersecretary/Appointing Authority Signature)

Printed Name & Title: \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Title)

Vendor check payments requested to be pulled by this agency should be:

Mailed to the agency address above \_\_\_\_\_

Sent to the agency by messenger mail \_\_\_\_\_

Held at OSUP for pickup by those authorized in the list below \_\_\_\_\_

Employees authorized to pick up checks at OSUP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form should be scanned and emailed to the BFA Unit at [\\_doa-osup-bfa@la.gov](mailto:_doa-osup-bfa@la.gov)